

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90360 037 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F95000005381**

1. Entity Name

**INTERNATIONAL CHRISTIAN CHAMBER OF COMMERCE USA, INC**

Principal Place of Business

1300 PENNSYLVANIA AVE  
 NW STE 700  
 WASHINGTON DC 20004  
 US

Mailing Address

1300 PENNSYLVANIA AVE  
 NW STE 700  
 WASHINGTON DC 20004  
 US

A0070765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1530244

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOT: Registered Agent signature required when renewing)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NEILL, DALE P O BOX 4279 N/A LONG BCH CA 90804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MOLITOR, BRIAN D 1550 COLLINS LANE MIDLAND MI 48640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD RUDDICK, MORRIS 3838 S. WABASH STREET, SUITE 100 DENVER CO 80237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CAVALLI, LINDA 1283 FOSTER RD NAPA CA 94558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SANFORD, JEFF BATTLE MTN FARM 6917 COLLEGE GROVE TN 37048	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILDERMUTH, DANIEL 35 DOVER CLIFF WAY ALPHARETTA GA 30022	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROBIN RILEY P.O. Box 501358 ATLANTA, GA 31150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LUTHER DUDA 830 G. GOLF DRIVE, UNIT #4 SANIBEL ISLAND, FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

DANIEL WILDERMUTH

4/28/01

678-893-876

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 110000